

State of Arkansas
CONTRACTORS LICENSING BOARD

New Applicant Commercial or Residential Questionnaire Form

MAIL TO:

**CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone Number (501) 372-4661
FAX Number (501) 372-2247
Web Site: www.state.ar.us/clb**

Company or Individual Name _____

D/B/A Name _____
(Doing Business As)

Mailing Address _____ City: _____ State: _____

Zip Code _____ County/Parish _____ Telephone _____

Federal ID # _____ Social Security # _____ Company tax year end: _____

**Complete the following with information for the person that will take or has taken the
Business & Law Exam**

Name _____ Social Security # _____

How long have you been with this company? _____ Position held with this company _____

\$100.00 FILING FEE (NON-REFUNDABLE)
MAKE CHECKS PAYABLE TO CONTRACTORS LICENSING BOARD

**PLEASE READ THE INSTRUCTIONS (page 9 for Residential or page
10 for Commercial) BEFORE COMPLETING THE APPLICATION**

COMMERCIAL OR RESIDENTIAL CONTRACTORS CLASSIFICATIONS

If the entire class is requested indicate below by circling the class. On the line provided indicate the number of years experience you have in each classification.

Heavy Construction: _____

Light Building: _____

Highway, Railroad & Airport: _____

Mechanical: _____

Municipal & Utility: _____

Electrical: _____

Building: _____

Residential Builder: _____

If a specialty class is requested list each specialty class below and indicate the number of years experience for each.

What type(s) of work do you propose to perform as a Licensed Contractor: (Be specific) _____

If **you** propose to do any of the following classifications **you** must indicate that class by checking yes and **you** must also attach a copy of **your** trade license.

If the trade license holder is an **employee** you must attach a copy of the **employee's** trade license and a copy of the **W-4** form of the employee to show the date he or she was hired by your company as a full time employee. (See Act 150, Rules & Regulations, Section 224-25-12 DEFINITIONS, paragraph (d))

HVACR work	Yes _____	No _____
Plumbing work	Yes _____	No _____
Electrical work	Yes _____	No _____
Boiler Construction or Repair work	Yes _____	No _____
Asbestos Abatement work	Yes _____	No _____
Lead Abatement work	Yes _____	No _____
Underground Storage Tank work	Yes _____	No _____
Fire & Burglar Alarm work	Yes _____	No _____
Fire Sprinkler work	Yes _____	No _____
Elevator work	Yes _____	No _____
Any Other Please List _____		

IF YOU ARE A

Commercial Contractor: Verify five (5) years experience on each reference in each classification requested. Residential Contractor: Verify four (4) years experience on each reference in the construction of homes or remodeling jobs in excess of \$20,000.00.

COMMERCIAL OR RESIDENTIAL CONTRACTORS

1. Indicate the type of entity you are by circling one of the choices below:

INDIVIDUAL CORPORATION PARTNERSHIP LLC LLP

2. How long has your organization been in business as a contractor under your present business name? _____
3. Have you ever failed to complete any work awarded to you? **Yes** _____ **No** _____
If yes, attach statement of circumstance.
4. Has any investor, partner, member or officer of your organization ever been an investor, partner or officer of some other organization that failed to complete a construction contract?
Yes _____ **No** _____
If yes, state the name of the individual, other organization and reason for failure. (Attach separately)
5. Has this organization, the qualifier of this company, you, any partner, member or officer of this organization filed bankruptcy, within the last 10 years? **Yes** _____ **No** _____ If yes, attach details and an explanation. If applying for a **Residential license**, attach a copy of the document prepared by your attorney listing creditors & a copy of the bankruptcy discharge.
6. Has any qualifier for this company, you, any partner, member or officer been part of any other organization that has filed bankruptcy, within the last 10 years? **Yes** _____ **No** _____ If yes, attached details and an explanation. If applying for a **Residential license**, attach a copy of the document prepared by your attorney listing creditors & a copy of the bankruptcy discharge.
7. Has the qualifier of the company, you, any partner, member, officer or any person that owns 10% or more of the company, ever been convicted of a felony? **Yes** _____ **No** _____ If yes, attach details and an explanation.
8. Are any of your assets or liabilities related to any Parent, Subsidiary or Affiliated Company?
Yes _____ **No** _____ If yes, attach details and an explanation.

CORPORATION or LLC DATA:

List all stockholders or members that own 10% or more interest in the company: **Attach a List**

When incorporated _____

* Date Registered at Arkansas Secretary of State as a Foreign Corporation (501) 682-3409 _____

Chairman _____

President _____

Vice-President _____

Secretary _____

Treasurer _____

* This process must be completed before you begin work.

PARTNERSHIP or LLP DATA:

List all partners or members that own 10% or more of the partnership or LLP: **Attach a List**

Date of organization _____

State whether partnership is general, limited or associated: _____

REFERENCE INFORMATION

(Please Type or Print)

APPLICANT NAME & ADDRESS as shown on application

**(GIVE DETAILED ANSWERS)
THE PURPOSE OF THIS FORM
IS TO VERIFY WORK
EXPERIENCE, NOT CREDIT
HISTORY.**

1. Are you related or affiliated to the owners of the company or any of the employees? yes _____ No _____
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: _____
3. How long have you known of this individual or company's work? _____
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: _____

5. List any projects this company or individual has completed that you have first hand knowledge of: (be specific—
list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Has this company or individual ever failed to complete a project or job that you are aware of? yes ____ no ____
If yes, explain _____

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs. _____

8. Would you recommend this company to be a licensed contractor? Yes ____ No ____ If the answer is no, Why? _____

9. Has this individual or company ever failed to pay for materials, employees or subs that you are aware of?
Yes ____ No ____ If yes give details: _____

Reference givers name & address: _____

Signature _____

Date _____

Phone No. _____

REFERENCE INFORMATION

(Please Type or Print)

APPLICANT NAME & ADDRESS as shown on application

**(GIVE DETAILED ANSWERS)
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6. Has this company or individual ever failed to complete a project or job that you are aware of? yes ____ no ____
If yes, explain _____

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs. _____

8. Would you recommend this company to be a licensed contractor? Yes ____ No ____ If the answer is no, Why? _____

9. Has this individual or company ever failed to pay for materials, employees or subs that you are aware of?
Yes ____ No ____ If yes give details: _____

Reference givers name & address: _____

Signature _____

Date _____

Phone No. _____

REFERENCE INFORMATION

(Please Type or Print)

APPLICANT NAME & ADDRESS as shown on application

**(GIVE DETAILED ANSWERS)
THE PURPOSE OF THIS FORM
IS TO VERIFY WORK
EXPERIENCE, NOT CREDIT
HISTORY.**

1. Are you related or affiliated to the owners of the company or any of the employees? yes _____ No _____
If yes, you are not eligible to complete this form. STOP!!!
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3. How long have you known of this individual or company's work? _____
4. List the kinds of work this company or individual has completed that you are aware of. Be very detailed: _____

5. List any projects this company or individual has completed that you have first hand knowledge of: (be specific—
list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Has this company or individual ever failed to complete a project or job that you are aware of? yes ____ no ____
If yes, explain _____

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs. _____

8. Would you recommend this company to be a licensed contractor? Yes ____ No ____ If the answer is no, Why? _____
9. Has this individual or company ever failed to pay for materials, employees or subs that you are aware of?
Yes ____ No ____ If yes give details: _____

Reference givers name & address: _____

Signature _____

Date _____

Phone No. _____

COMMERCIAL OR RESIDENTIAL CONTRACTORS AFFIDAVIT FOR COMPANY (Corporation, LLC, LLP or Partnership)

State of _____

Parish/County of _____

I, _____, being duly sworn, state under oath:
(Officer/Member/Partner Name)

That I am _____ of _____;
(Position held) (Company Name)

Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the Applicant as a Contractor or Residential Builder in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any Agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq.

(Applicant Sign Here)

Sworn to before me this _____ day of _____, 20 _____

(Notary Public Signature) (SEAL) My Commission Expires: _____

AFFIDAVIT FOR INDIVIDUAL

State of _____

Parish/County of _____

I, _____ being duly sworn, states under oath:
(Individuals Name)

That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the Applicant as a Contractor or Residential Builder in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any Agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq.

(Applicant Sign Here)

Sworn to before me this _____ day of _____, 20 _____

(Notary Public Signature) (SEAL) My Commission Expires: _____

COMMERCIAL OR RESIDENTIAL CONTRACTORS

AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK

State of _____

Parish/County of _____

I, _____, being duly sworn, states under oath: that, he or she is
(Name of person that is Owner/Partner/Officer/Member)
_____ of _____
(Owner/Partner/Officer/Member) (Company Name)

the applicant named herein; that with respect to any **Commercial** contract work in the State of Arkansas in the amount of \$20,000.00 or more, including but not limited to labor and materials. Or with respect to any **Residential** construction in the State of Arkansas: The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have outstanding any such work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the Applicant is approved and a License has been issued to the Applicant.

(Signature of individual owner, partner, member or a responsible officer)

Sworn to before me this: _____ day of _____, 20____

(Notary Public Signature) (SEAL)

My commission expires: _____

NOTE COMMERCIAL & RESIDENTIAL CONTRACTORS

IF YOU HAVE A COMMERCIAL LICENSE & YOU HAVE BID ON ANY WORK (TO INCLUDE LABOR AND MATERIAL) THAT MEETS OR EXCEEDS THE \$20,000.00 THRESHOLD, YOUR BID MUST BE WITHDRAWN BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

IF YOU HAVE A COMMERCIAL &/OR A RESIDENTIAL LICENSE AND YOU HAVE ANY WORK IN PROGRESS YOU MUST ATTACH A LIST IN THE FORM OF AN EXCEPTION TO THIS AFFIDAVIT BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

This affidavit does not apply to bids offered to the Arkansas State Highway Department for work on Federal aid highway projects.

RESIDENTIAL BUILDERS INSTRUCTIONS

YOUR COMPLETED APPLICATION WILL HAVE TO BE IN THIS OFFICE (9) calendar days prior to a committee meeting to be reviewed. If your application does not contain all the items (1-7) below you have 90 days from the date we receive the application to send the missing items. After the 90 days another application and another fee will be required.

FEES ARE NOT REFUNDABLE

Required Information For Obtaining A Residential Builders Contractors License.

PLEASE CHECK OFF EACH NUMBER TO ASSURE YOUR APPLICATION IS COMPLETE BEFORE MAILING

1. If you are applying for **both commercial and residential** contractors licenses **STOP HERE!!** Go to page ten (10) and follow the instructions for a commercial contractor.
2. Completed Application **(all lines need to be filled in, if one does not apply to you use N/A)**
 - (a) Page 1 completed
 - (b) Page 2 completed
 - (c) Page 3 completed
 - (d) Bidding and Business style Affidavits signed and notarized (pages 7 and 8).
3. \$100.00 Filing Fee
4. Three (3) written references (pages 4, 5 and 6 forms provided). **These references must show four (4) years experience on each reference in the construction of homes and/or remodeling jobs in excess of \$20,000.00.**
5. Copy of the Passed Business and Law Test Score (unofficial test scores are acceptable). **Licenses can be issued but not released without the test score.**
6. **CURRENT** compiled balance sheet less than one (1) year old. **DO NOT SEND INCOME STATEMENTS!** This balance sheet needs to be done in the name of the company obtaining the license and must be signed by the owner, officer, member or partner of that company. Only Sole Proprietorships can submit a personal statement **excluding** your personal residence & retirement accounts on assets and liabilities.
All balance sheet statements must show a POSITIVE NET WORTH.
7. If you are applying as a Corporation, LLC, or LLP you will also need to attach a copy of the Articles/Filings from the Secretary of State Office at 501-682-3409. If you have registered a fictitious name for this company you will need to attach a copy of the fictitious name registration.

Commercial Instructions are on the next page.

COMMERCIAL CONTRACTORS INSTRUCTIONS

YOUR COMPLETED APPLICATION WILL HAVE TO BE IN THIS OFFICE (4) business days prior to a board meeting to be reviewed. If your application does not contain all the items (1-9) below you have 90 days from the date we receive the application to send the missing items. After the 90 days another application and another fee will be required.

FEES ARE NOT REFUNDABLE.

TO AVOID ANY DELAYS AND ADDITIONAL FEES IN THE PROCESS OF YOUR APPLICATION

Please check off each number to assure your application is complete before mailing.

1. Completed Application (Complete all lines leave none blank if a line does not apply put N/A)
 - (a) Page 1 completed
 - (b) Page 2 completed
 - (c) Page 3 completed
 - (e) Bidding and business style affidavits signed and notarized (pages 7 and 8). We cannot accept a notarized statement over 90 days old
2. \$100.00 Filing Fee
3. Three (3) written references from individuals that have knowledge of the work you have done. This is not a supplier or banker, unless they have actually seen your work and can describe it. Remember the purpose of these references are to verify you have the required experience to receive the classification(s) you have requested. Please refer back to page two (2) if you have any questions about the classification(s) or to the blue booklet (Act 150).
4. Copy of the passed business and law test score (unofficial test score is acceptable). **The license can be issued but not released without the passing test score.**
5. Fully executed \$10,000.00 Contractor's Bond. **The license can be issued but not released without the bond.**
6. **IF YOU SEND ANY FINANCIAL STATEMENT OTHER THAN AN AUDIT IT WILL NOT BE ACCEPTED. REVIEWS AND COMPILATIONS WILL NOT BE ACCEPTED NO EXCEPTION. The date the audit was prepared for, not the date signed, must be less than one year old.** (The expiration date of your license will be determined by the audit date you submit) The audited financial statement must include: (1) an audited opinion letter from an Independent CPA, (2) a balance sheet done in the percentage of completion or completed contract method. **DO NOT SUBMIT AN INCOME TAX BASIS FINANCIAL STATEMENT** (3) all footnotes to the balance sheet. (See Ark. Code Ann. 17-25-304)
7. **TURN TO PAGE 25 of ACT 150 (the blue booklet)** One half (1/2) of the net worth requirement for the classification(s) requested must be CASH in the bank and **cannot be a stockholder note to the company.** See net worth requirements in Rules and Regulations Act 150 (224-25-6 (c)). **Example: You ask for the building classification, the net worth requirement is \$50,000, you will need \$25,000 cash in the bank, operating money.**
8. Sole Proprietorships and Partnerships are also required to attach a compiled personal financial statement of the owner or partners. We need financials statements on any and all partners that make up at least 75% ownership. This is in addition to the audited financial statement of the company, and must also be prepared by a CPA. **(See Rules & Regulations Act 150 (224-25-6(a)))**
9. If you are applying as a Corporation, LLC or LLP you will also need to attach a copy of the Articles/Filings from the Secretary of State Office, 501-682-3409. If you have registered a fictitious name for this company you will need to attach a copy of the fictitious name registration.

CHECKLIST OF HELPFUL NUMBERS

FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS

PLEASE NOTE: *Contractors are required to be licensed in Arkansas before they are permitted to bid on projects \$20,000 or more..*

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

CONTRACTORS LICENSE

Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Telephone: (501) 372-4661

CORPORATE FRANCHISE TAX

Note: All Corporations are required to register and pay franchise taxes.

Secretary of State
Room 058
State Capitol Building
Little Rock, AR 72201
Telephone: (501) 682-3409

INDIVIDUAL INCOME TAX.....

Individual Income Tax Section
Revenue Division
Department of Finance & Admin.
P O Box 3628
Little Rock, AR 72203
Telephone: (501) 682-7272

CORPORATE INCOME TAX

Corporation Income Tax Section
Revenue Division
Department of Finance & Admin.
P O Box 919
Little Rock, AR 72203
Telephone: (501) 682-4775

SALES & USE TAXES

Sales and Use Tax Section-Revenue Division
Department of Finance & Administration
P O Box 1272
Little Rock, AR 72203
Telephone: (501) 682-7104

UNEMPLOYMENT COMPENSATION..

Arkansas Employment Security Division
P O Box 8007
Little Rock, AR 72203
Telephone: (501) 682-3276

(SEE OTHER SIDE)

WORKERS COMPENSATION	Arkansas Workers Compensation Commission 4th & Spring Streets, PO Box 950 Little Rock, AR 72203-0950 Telephone: (501) 682-3930
**UNDERGROUND STORAGE TANKS ASBESTOS, LEAD ABATEMENT.	Arkansas Department of Environmental Quality 8001 National Drive, PO Box 8913 Little Rock, AR 72219-8913 Telephone: (501) 682-0999 (U.S.T.) (501) 682-0718 (Asbestos & Lead)
**PLUMBING & PIPEFITTING HVACR BOARD	Arkansas State Health Department Plumbing & Natural Gas Division 4815 West Markham Slot #24 Little Rock, AR 72205-3867 Telephone: (501) 661-2642
**FIRE & BURGLAR ALARMS ...	Arkansas State Police Fire Marshal 1 State Police Plaza Drive Little Rock, AR 72209 Telephone: (501) 618-8600
**SPRINKLERS	Arkansas Fire Protection Board 7509 Cantrell Road Suite 103A Little Rock, AR 72207 Telephone: (501) 661-7903
**ELECTRICAL	Board of Electrical Examiners - AR Department of Labor 10421 West Markham Little Rock, AR 72205 Telephone: (501) 682-4549
**ELEVATOR SAFETY	Safety Division-Arkansas Department of Labor 10421 West Markham Little Rock, AR 72205 Telephone: (501) 682-4530
**BOILER INSTALLATION	Boiler Division - Arkansas Department of Labor 10421 West Markham Little Rock, AR 72205 Telephone: (501) 682-4513
LABOR STANDARDS	Labor Standards Administrator-Arkansas Dept. of Labor 10421 West Markham Little Rock, AR 72205 Telephone: (501) 682-4501
ONLINE DIRECTORY	www.arkansas.gov/directory

PLEASE NOTE: *This list does not include all of the State Regulatory Offices which you might need to contact. You should contact your accountant or attorney as to the other agencies which must be contacted due to the special nature of your business.*

****Requires proof of prior certification before CLB will approve classification.**

COMPUTERIZED TESTING REGISTRATION FORM

THE TEST IS GIVEN BY AN INDEPENDENT TESTING COMPANY. IF YOU HAVE
QUESTIONS OR NEED MORE INFORMATION BEYOND WHAT IS FURNISHED
HERE PLEASE CALL THEM AT 800-796-9855

Registration Instructions:

1. Call 1-800-796-9855
2. Register for the **Program name ARO4**
3. **Exam Code 100**
4. If you would like to register on line you can do so at www.experioronline.com.
5. The test is administered 6 days a week.
6. Payment – Prometric will accept VISA, Mastercard, American Express or a check
can be drafted from your checking account (have a check ready for relaying the appropriate
numbers). The charge for the test is \$75.00.
7. You will receive a confirmation number and directions to the testing center (note these at
the bottom of this page).
8. The test is an open book, multiple choice, 2 hour limit test. You will need to call 1-877-622-8191
Contractors Resource to purchase the book (Contractors Reference Manuel for the Arkansas
Business & Law Exam).

On the day of your examination, you must arrive at the Prometric Center 30 minutes before your
scheduled appointment to complete the admission procedures required before your test begins.
You must bring the following with you: One official government issued photo identification such
as a drivers license, passport, etc. and your Contractors Reference Manual

PLEASE BE ADVISED: a) You may be given extra manuals when you arrive to take the test.
You will only be tested from the Contractors Reference Manual.
b) Verify your exam code before you take the test.

Confirmation Number: _____

Appointment Date: _____

Appointment Time: _____

RESIDENTIAL CONTRACTORS

PROOF OF WORKERS COMPENSATION REQUIREMENT

The Arkansas Legislature has enacted Act 1711 of 2005 which requires residential building contractors to provide proof of current Workers' Compensation coverage to the Residential Committee before the Committee may issue or renew a license. If a residential building contractor is not required to have Workers' Compensation coverage, a current certificate of noncoverage issued by the Workers' Compensation Commission must be submitted with every renewal application. **For questions about certificates of noncoverage, please call the Worker's Compensation Commission at (800) 250-2511.**

This Act goes into effect on August 12, 2005. All applications for a new license or to renew an existing license considered by the Committee after August 12, 2005 will have to provide either proof of Worker' Compensation coverage or, if not required to have coverage, a current certificate(s) of noncoverage.

Please note, presenting fraudulent or misleading information to the Committee to obtain or renew a license is grounds to have your license revoked.

If you have questions about Worker's Compensation, please call the Worker's Compensation Commission at (800) 250-2511.

**See Next Page for the form which must
be completed for any applicant seeking a Residential License**

**THIS PAGE MUST BE COMPLETED AND
SUBMITTED WITH ANY APPLICATION
SEEKING A RESIDENTIAL
CLASSIFICATION**

**RESIDENTIAL CONTRACTORS
Proof of Workers Compensation**

Check the appropriate blank and answer the question concerning whether the applicant has employees.

_____ The applicant has current Worker's Compensation coverage. Provide a copy of a Certificate of Insurance verifying coverage and effective dates of coverage.

_____ The applicant is not required to have Worker's Compensation coverage and has a current certificate of noncoverage. Attach a copy of the current certificate(s) of noncoverage.

Does the Applicant have any employees? Yes _____

No _____

For questions about Worker's Compensation, contact the Worker's Compensation Commission at (800) 250-2511.

**INSTRUCTIONS FOR COMPLETION
OF THE \$10,000 CONTRACTORS BOND**

This bond is required only of **commercial** applicants.

Principal's company name **must be exactly** as you have applied for the Contractors License.

An owner, officer, member or partner must sign the bond form as Principal.

Only this prescribed form will be accepted. Any alterations to this form must have prior approval from the Contractors Licensing Board.

All Principal, Surety and Agent information requested on this form must be provided.

This bond must be executed by an agency, agent, broker or producer licensed by the Arkansas Insurance Department. The agency, agent, broker or producer must also have an Appointment registered with the Arkansas Insurance Department for the surety company the bond is placed with. The bond may be executed directly by the surety company, but must include verification from executing Attorney-in-Fact. **If this bond is not fully executed or countersigned by an Arkansas Resident agent, broker or producer, a copy of the executing agency's, agent's, broker's or producer's Arkansas Non-Resident license must be attached.**

Any change in company ownership and/or Federal Employer Identification Number requires a new bond be executed. Any other change, such as name or address, requires an endorsement rider from your agent.

If you are having difficulties obtaining this bond another option is filing a cash bond, contact Phyllis Isham at 501-371-1505 or 501-372-4661 for a form.

Please leave this notice attached to your bond.



\$10,000 CONTRACTOR'S BOND
Required by A.C.A. § 17-25-401

Effective Date _____

STATE OF ARKANSAS

Bond Number _____

WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.

WHEREAS, every such contractor is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Contractors Licensing Board pursuant to the authority of said Code, in the performance of contracts in the State of Arkansas:

NOW, therefore, we, the undersigned, _____
Principal's Company Name As You Will Be Licensed

Principal Business Address (Physical) City State Zip Code Telephone Number

as principal, and _____
Surety's Name

Surety Address City State Zip Code Telephone Number

as surety, are held firmly bound to the State of Arkansas in the Sum of Ten Thousand Dollars (\$10,000) for payment of which we bind ourselves, our heirs, assigns, executors and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in A.C.A. § 17-25-401, et. seq., then this obligation shall be null and void; otherwise, it shall be in full force and effect.

The surety reserves, however, the right to cancel the above bond on the giving of sixty (60) days written notice to the principal and to the State (Contractors Licensing Board).

Agent's/Broker's/Producer's Company Name

Principal's Signature (Owner, Officer, Partner, Member)

Mailing Address and Telephone Number

Title

City/State/Zip Code

Principal's Federal I.D. and/or Social Security Number

Agent's/Broker's/Producer's Signature

Attorney-in-Fact's Signature

This bond shall be executed by an agency, agent, broker or producer that is properly licensed with the Arkansas Insurance Department, a copy of such license must be attached.

MAIL ORIGINAL BOND/CANCELLATION NOTICE TO:
Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117

May 15, 2004

Re: New Regulation – Sign with Name and License Number

Dear Residential Contractor:

Effective July 1, 2004 the following new regulation goes into effect:

224-25-5-14. Display of Name and License Number

Each contractor holding a license from the Residential Building Contractors Committee shall display in a prominent, legible manner the license number and contractor's name, as licensed, in letters not less than three inches high on a sign prominently displayed at all residential job sites.

BELOW is an example of a sign. It is only an example, feel free to add additional information or use a different format. **PLEASE NOTE: DO NOT list the last 4 digits of the license number. (The last 4 digits are the expiration date and will change from year to year.)**

Example: 012345

0405



If you have any questions please do not hesitate to contact us at 501-372-4661.

NOTE: This letter in no way endorses any signage company.

Sincerely,
CONTRACTORS LICENSING BOARD

PRESORT
STANDARD
U.S. POSTAGE

PAID

Little Rock, AR 72201
Permit No. 588